



Bankruptcy, Liquidation, Receivership or Administration Statement

SAVE

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Please complete the questionnaire and return to TAL.

Reference number

Name of life
to be insured

Date of birth

DD / MM / YYYY

1. YOUR DUTY TO TAKE REASONABLE CARE

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. If the duty is not met, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Guidance for answering the questions in this form

When answering the questions in this form, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

2. PRIVACY

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at <http://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1800 666 136.

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

3. QUESTIONNAIRE

1. Have you been declared bankrupt by a court or under your own petition or have you made an arrangement, assignment, compromise or agreement with your creditors on any occasion?

No Yes → Please advise:

a) Date of court order or arrangement

DD / MM / YYYY

b) Amount of debt owed

\$

c) Date of discharge from bankruptcy or termination date of arrangement

DD / MM / YYYY

2. Has a company of which you are, or were, a director ever been placed in liquidation, receivership, administration or been the subject of a scheme of arrangement?

No Yes → Please advise:

a) Date of court order or arrangement

DD / MM / YYYY

b) Amount of debt owed

\$

c) Date of discharge from bankruptcy or termination date of arrangement

DD / MM / YYYY

3. Have you been declared bankrupt on any other occasion in addition to that also disclosed above?

No Yes → Please supply full details.

4. Please advise the circumstances relating to the answers you gave in questions 1, 2 and 3.

4. DECLARATION

I have read the duty to take reasonable care and understand that if this duty is not met, this can have serious impacts on my insurance. I confirm that my answers to the questions are true, complete and correct. I agree that this Declaration shall be held to form part of my application for insurance made to TAL, as the Insurer.

Signature of
life to be insured

X

Date

DD / MM / YYYY

SUBMITTING THIS FORM

Please return your completed form and any supporting documentation to:

TAL Life Limited
GPO Box 5380
Sydney NSW 2001

CONTACTING TAL

@ groupriskadmin@tal.com.au
☎ 1800 666 136
📄 +61 (0)2 9465 2065
🌐 tal.com.au

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